M35187

(Requestor's Name)		
· (Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	





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10/24/16--01024--026 **35.80



OCT 26 2016

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: D. JUSTIN NIL	LES, P.A.			
DOCUMENT NUMBI	ER:M35187	···· · · · · · · · · · · · · · · ·	 		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	D. JUSTIN NILES				
	Name of Contact Person D. JUSTIN NILES, P.A.				
_		Firm/ Company			
2	200 W. PALMETTO PARK ROAD, SUITE 301				
-		Address			
I	BOCA RATON, FLORIDA	33432			
_		City/ State and Zip Code	2		
j	ustin@djnpa.com				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
D. JUSTIN NILES		at (<u>561</u>	869-1710		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amen Divis P.O. I	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301		

CO TO MA OIL

Articles of Amendment Articles of Incorporation of

D. JUSTIN NILES, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

M35187

	1412.2167	
(Documen	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following am	endmen
A. If amending name, enter the new name of the corp.	oration:	
name must be distinguishable and contain the word "Corp," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"corporation," "company," or "incorporated" or the abbrev "Inc," or "Co". A professional corporation name must conto	new viation ain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESSS</u>)	
,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	,
:		
New Registered Agent's Signature, if changing Registe	ered Agent:	
	m familiar with and accept the obligations of the position.	
:	,	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add			,	
Remove				
3) Change				
Add				
Remove				
4) Change				
. Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change		.		
· Add				
Damova				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE II - NATURE OF CORPORATE BUSINESS
AMENDED TO READ AS FOLLOWS:
THIS CORPORATION, THROUGH ITS OFFICERS AND EMPLOYEES, SHALL BE AUTHORIZED TO ENGAGE
IN EVERY ASPECT AND PHASE OF REAL ESTATE TRANSACTIONS WITHIN THE STATE OF FLORIDA,
PERMITTED TO A SALES ASSOCIATE LICENSEE, IN ACCORDANCE WITH CHAPTER 475 FLORIDA STATUTE
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vesufficient for approval.	otes cast for the amendment(s)
	pproved by the shareholders through voting gror each voting group entitled to vote separated	
"The number of votes ca	st for the amendment(s) was/were sufficient fo	or approval
by		,,,
	(voting group)	
action was not required.	dopted by the board of directors without share dopted by the incorporators without sharehold	
Dated	410	
selec	director, president or other officer – if directored, by an incorporator – if in the hands of a reinted fiduciary by that fiduciary)	
	D. JUSTIN NILES	
•	(Typed or printed name of perso	n signing)
	PRESIDENT	
	(Title of person sign	ing)
<u> </u>		